PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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GEORGE			
First Named Inventor GEORGE MARMARPOULOS ET AL			
COMPLETE IF KNOWN			
pplication Number /			
iling Date			
roup Art Unit			
xaminer Name			
i			

As a below named inventor, I hereby declare that:					
My residence, post office address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
FABRIC INTERCONNECT					
the application of which					
the specification of which (Title of the Invention) is attached hereto					
OR					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International					
as since states application of the manufacture					
Application Number and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part					
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant					
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant					
breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached?					
Number(s) Country (MM/DD/YYYY) Country Not Claimed YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Lab		*24737*		OR		Correspondance address below
Philips Intellectual Property & Standards						····
Name						
P.O. Box 3001						
Address						
Briarcliff Manor	NY				10510)-8001
City	State			;	ZIP	
U.S.A.		(914)33	2-0222		(9	914) 332-0615
Country		Teleph	one		F	ax
I hereby declare that all statements made herein of my own believed to be true; and further that these statements were punishable by fine or imprisonment, or both, under 18 U.S. application or any patent issued thereon.	made with the k	knowledae	e that will	lful false s	tatem	ents and the like so made are
NAME OF SOLE OR FIRST INVENTOR:	A petif	ion has	been f	iled for	this	unsigned inventor
Given Name GEORGE (first and middle [if any])			ily Nam urname		RMA	ROPOULOS
Inventor's Signature				Date	K	07/06/04
YORKTOWN HEIGHTS	NY		USA			GREECE
Residence: City	State		Count	try		Citizenship
2145B SAW MILL RIVER ROAD			L			
Mailing Address						
YORKTOWN HEIGHTS	NEW YORK	<	10598]		USA
City	State		Zip			Country
NAME OF SECOND INVENTOR: A	petition has b	een file	d for th	is unsiç	ned	inventor
Given Name GIANG (first and middle [if any])			ily Nam urname			
Inventor's Signature				Date	67	108/04
NEW YORK	NEW YORK	(USA			GREAT BRITAIN
Residence: City	State		Count	try	\perp	Citizenship
1 LAKEVIEW DRIVE, APT. 6F						
Mailing Address						
NEW YORK	NEW YORK	(10566	í		USA
City	State		Zip			Country
Additional inventors are being named on the	supplementa	I Addition	al Invento	or(s) shee	et(s) P	TO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

Name of Additional Joint Inventor, if any	☐ A petition has been filed for this unsigned inventor				
Given Name (first and mid	dle [if any])	F	Family Name or Sumame		
MAMA		JACK KYRIAKOS			
Inventor's Signature + Jul Lyma	los Man	•	Date × 20 - 08 - 09.		
Residence: City LONDON	State LONDON	Country ENGLAND	GREAT BRITAIN Citizenship		
Mailing Address 21-23 VOSS STR	EET				
Mailing Address					
City LONDON	State LONDON	E.2 6HP	Country		
Name of Additional Joint Inventor, if any	73	☐ A petition has been file	d for this unsigned inventor		
Given Name (first and mid	dle [if any])	F	Family Name or Sumame		
Inventor's Signature			Date		
Residence: City	State	Country	Citizenship		
Mailing Address					
Mailing Address					
City	State Zip Co		Country		
Name of Additional Joint Inventor, if any:					
Given Name (first and midd	fle [if any])	Fa	amily Name or Surname		
Inventor's Signature			Date		
Residence: City State Country			Citizenship		
Mailing Address					
Mailing Address					
City	State	Zip	Country		

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitionera associated with the Customer Number: 24737	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name			<u></u>		
Practitioner(e) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	X Prac	titioners associated with the Customer N	umber: 247	37	
as attorney(s) or agert(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned seconding to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Firm or	OR		<u> </u>		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Year Firm or	Prac	titioner(s) named below (if more than ten	patent practitioners are to be	named, then a customer	number must be used):
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned goth to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:		Name		Name	
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The address associated with Customer Number: 24737	any and all	patent applications assigned only to the	undersigned according to the t	atent and Trademark Off JSPTO assignment reco	fice (USPTO) in connection with ords or assignment documents
Firm or Individual Name Address	Please cha	nge the correspondence address for the	application identified in the atta	iched statement under 3	7 CFR 3.73(b) to:
Firm or Individual Name Address		•			
Firm or Individual Name Address City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	X T	he address associated with Customer Nu	_{umber:} 2473	7	
Address City State Zip Country Telephone Fax KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature on the dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637					
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Signature Michael E. Marion Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637	and must	identify the application in which i	his Power of Attorney is t	o be filed.	
Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637		The dividual whose simples	SIGNATURE of Assignee of	Record	If of the assignee
Name Michael E. Marion Telephone (914) 333-9637					
ime (Author:Zeo Kebresentative	Title	PININ (314) 333-3037			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: KONINKLIJKE PHILIPS ELECTRONICS N.V.					
Applica	ation No./Pater	nt No.:	CONCURRENTLY	Filed/Issue Date:	CONCURRENTLY
Entitled	i: FABRI	C INTE	RCONNECT		
Konin	klijke Philip	s Elect	ronics N.V., a corpc	ration states that it is	
			tire right, title and into		
	•				
Th	e extent (by	percent	an the entire right, titl age) of its ownership tified above,	e and interest. o interest is% in the	he patent
by virt	ue of:				
Th	ne assignmer	nt was re	ne inventor(s) of the pecorded in the United for which a copy the	d States Patent and ⁻	tent identified above. Trademark Office at
☐ A	chain of title e current ass	from the	e inventor(s), of the p is shown below:	patent application/pat	tent identified above, to
1.	From T The docum Reel, F	ent was	s recorded in the Uni _, or for which a cop	ted States Patent an by thereof is attached	d Trademark Office at
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	[Note: A se	eparate cument art 3, if t	copy (i.e., the original) must be submitted the assignment is to	to Assignment Divisio	itle are attached. nent or a true copy of the on in accordance with cords of the USPTO.
The u	undersigned	(whose	title is supplied below	w) is authorized to ac	ct on behalf of the assigne
Date:	29 Novemb	er 2005	5	Respectfully sub-	write of the state
					uj = Maus
				ByMichael E. MA Attorney Tel: (914) 333	, RION, Reg. No. 32,266 3-9619